Including Parents: Getting it Right Together?

Janis Carroll-Lind and Joy Cullen
Massey University, Palmerston North

Abstract

Learners, parents, early childhood educators, teachers and specialists have been invited to “get it right together” (Ministry of Education, Undated.a), through Zealand’s first policy for special education (SE2000). Have we indeed got it “right together?” This paper explores parental opinions about the assistance and support received through special education funding within the early childhood strand of the SE2000 policy. The implementation of the early childhood initiative was monitored in a three year longitudinal research project. In this paper, early intervention provisions are examined through the lens of parents, based on qualitative interview data obtained during Phase 3 of the larger project. Results suggest that goodwill and restructuring of the way that resources and service provision are distributed have not solved the delays and gaps in early identification and intervention. The early intervention strand claims to offer family-focused support to young children from birth until they are settled at school, however, parents expect to be included in this process of “getting it right together” before a strong family focus can underpin provisions for young children with diverse needs.

Introduction

New Zealand’s first policy for special education (SE2000) aimed to “achieve, over the next decade, a world class inclusive education system that provides learning opportunities of equal quality to all students” (Ministry of Education, 1996a, p. 5; 1996b, p. 2). Adoption of the policy necessitated a restructuring of the way that resources and service provision are distributed to learners with special needs to include five strands: Speech-Language; Ongoing Resourcing; Severe Behaviour; Moderate Learning and Behaviour; and Early Childhood (Ministry of Education, Undated.a). The policy was launched by the Ministry of Education under the catch phrase “SE2000: Getting it right together”. But have we got it right together? In this paper parents report on their experiences and involvement in the policy’s processes and whether SE2000 “got it right” for their child and family in terms of inclusive outcomes.
In 1997, the Ministry of Education reported that it would increase special education services for the early childhood sector (for children up to the age of five years) by extending the provision of advice and support from specialists, teachers and teacher aides (Ministry of Education, 1997). The aims were: to (1) identify infants and young children with special education needs and provide appropriate support as early as possible; and (2) provide a sound education in the early years for future learning and achievement through programmes which include support for parents (Ministry of Education, Undated, b).

The SE2000 policy increased Early Childhood funding to target up to five percent of the under five-year-old population. Under this resourcing framework young children with high or very high needs are prioritised according to a national moderation system. The funding targeted extra teaching, specialist advice, speech-language therapy and education support workers (ESW). At that time, parents could choose to receive a service from Specialist Education Services (SES) (now Group Special Education within the Ministry of Education), or early intervention providers accredited by the Ministry of Education, for example, CCS.

The extra funding also allowed for new curriculum resource materials, Including Everyone: Te Reo Totaki (Ministry of Education, 2000) to be developed. To “unpack” this resource, professional development was provided nationwide, for educators, management and parents, with the aim of increasing their awareness of the special education policy.

Literature Review
The SE2000 policy is based on an ecological and inclusionary model for specialist provisions (Cowley & Davies, 2000; Davies & Prangnell, 1999) and recognizes that early intervention is essential to positive outcomes for young children with special education needs (Ministry of Education, 1996a). An inclusive model of early intervention (EI) is supported by the research literature and is consistent with Te Whaariki, New Zealand’s early childhood curriculum (Ministry of Education, 1996c). With its focus on families and relationships, belonging and contribution, Te Whaariki is well suited to an inclusive, ecologically-based, family systems model of early intervention (Cullen, 2000). Gunn (2002) considers the ideal that early childhood centres are places where children and families belong to be admirable, but also raises questions: How do families know they belong there? How do they know that they will find respect and inclusion within that setting? Whether a young child attends a regular inclusive early childhood centre or an Accredited Provider’s early intervention centre, Gunn’s (2002) questions are applicable. They are also relevant to this research on parent perceptions about the ecological and inclusionary SE2000 policy.

Research highlights the importance of parental involvement in early childhood to maximize the best possible outcomes for young children, the reasons being that improvements can be sustained long-term if parents, with the expert knowledge of their child, are included in the assessment process (Davies & Prangnell, 1999). Therefore SE2000 aims to have decisions on the resourcing of children made by
those closest to them (Ministry of Education, Undated, c). Early intervention in New Zealand claims to offer family-focused support to young children with developmental needs from birth until they are settled at school (Carpenter, 1997; Mitchell, 2000; Twiss, Stewart, & Corby, 1997).

Early intervention services provided through the Ministry of Education (MoE), the current lead provider, aim to support families and educators to meet the goals of inclusion and work within the framework of Te Whāriki. The philosophy and practices of accredited providers can vary from specific skills programmes such as conductive education to the transdisciplinary approach adopted by CCS. Although specific philosophies and practices may vary, all providers support a family-focused approach (Bourke et. al., 2002) where parents are valued as integral partners in the collaborative decision-making for their child (Carpenter, 1997; Twiss, Stewart, & Corby, 1997). Palmer (1994) considers a true partnership to mean both parties giving each other time and energy to reach a mutually agreed goal. Carpenter (1997) describes parents as being both service recipients and service deliverers in EI family-focused service delivery. Davies and Pragnell (1999) also agree that intervention is enhanced when it is continued and reinforced at home. This is a similar approach to that taken in other countries and has not been without criticism. For example, Marfo (1996) believes that in the United States, often and without a true appreciation of what family-centred intervention entails, the family-focused approach “has attained the status of state of the art best practice, and hence the politically correct thing to do - ready or not!” (p. 9). Taking an “ecological-contextual standpoint”, Marfo (1996) further suggests that a focus on families involves more than empowering families, it “entails making the family context and the family’s relationship with the broader ecology of community resources and services (including relationships with professionals) the cornerstone of intervention” (p. 10).

What is considered to be a good model for early intervention? According to Carpenter (1997) who made a comparative study of early intervention in New Zealand, Australia and the United Kingdom, such a model needs five principles. These are (1) family-focused service delivery; (2) mutually valued parents and professionals; (3) shared agenda and shared goals; (4) collaborative working; and (5) effective evaluation as the key principles underpinning effective practice. In other words, an ecological transdisciplinary approach, involving a strong family-professional partnership with collaborative decision-making by the key people in the child's life provides a good model for early intervention.

Liberty (2000) suggests that quality family-focused early intervention includes supporting families by providing both human and practical resources. Raising a child with special needs is stressful at the best of times, however, the stress is intensified when there are: (1) information needs; (2) resource needs; (3) interpersonal and family distress; and (4) threats to the confidence of the family (Guralnick, 1997, cited in Liberty, 2000, p. 33). Often marginalised within their communities these families may struggle to access resources. Resilience in families of children with special needs is fragile, and the family’s confidence in
coping can also be undermined without adequate support and resourcing. Nevertheless, as Liberty (2000) suggests, the effectiveness of EI services is able to be measured by the ability to provide not only direct intervention services, but the necessary support, skills and personal resources to empower families to access their support needs, information and resources. Similarly Green (1996) considers that parents cope better when they feel that they have “a lifeline which attaches firmly to sensible supporters who are easy to reach” (p.3).

Prior to the SE2000 resourcing policy, Cullen and Bevan-Brown (1999) found that the quality of early intervention services offered by the lead provider, SES, was affected by insufficient resourcing and high caseloads. Parent concerns about weak and fragmented services, particularly in regard to speech-language therapy were also reported by educators and SES service providers in Cullen and Bevan-Brown (1999). While Cullen and Bevan-Brown (1999) found New Zealand’s model of early intervention met international best practice requirements, they concluded that before early intervention in this country could be fully effective, resourcing should be increased to reduce the caseloads of early intervention teachers.

Another review of special education (Wylie, 2000) was initiated in direct response to parental concerns about the SE2000 policy. Although early intervention was outside the terms of reference for Wylie's review, nonetheless, she recommended that examination be undertaken of provisions for young children with special needs at the early childhood level, including provisions for transitioning to school, with particular attention to be paid to the responsibility of different government agencies and programmes to identify any gaps.

Research indicates that worldwide, parent advocacy has long been the catalyst for policy and legislation change (O’Brien, 1999). History bears witness to the fights of parents who have been forced to advocate for the rights of their children with disabilities. As stated by Carpenter (1997), “the power of parents to influence political change is acknowledged and needs encouragement and support from professionals. Priorities for action and advocacy must, however, remain firmly driven by parents” (p. 102). Thus it seems fitting that parents in the present study were asked their views about how the SE2000 policy had impacted on them. To date research describing reactions to and criticisms of the special education policy and its impact upon families is minimal.

Method

Prior to the Wylie Review, Massey University was commissioned by the Ministry of Education to provide an independent, longitudinal evaluation and monitoring of the special education policy. Over 3 years (1999-2001) a team of 15 researchers examined how SE2000 was affecting learners, parents, schools and providers. The aim of this evaluation was to provide ongoing information about the implementation of the policy, to monitor the changes as they took place and to evaluate their consequences.
The parent interview study was conducted as part of the early childhood strand of the larger SE2000 monitoring and evaluation research (Bourke et al., 2002). The three phases of the larger study involved surveys and interviews with educators, parents and early intervention professionals. A national survey of 115 early childhood centres and 69 interviews with early childhood educators was conducted in Phase One. In Phase Two representatives of the Kindergarten and Playcentre associations were interviewed to understand more about how the policy interfaced with specific early childhood contexts. In Phase Three data were gathered from the following sources: (1) telephone or email interviews with 12 SES Early Intervention Service Leaders and representatives from 11 Accredited Service Providers, (2) a national survey of 145 early childhood centres, randomly selected from the MoE’s database, (3) interviews with early childhood educators in four regions (Auckland/South Auckland, East Coast, Central/Wellington, and Canterbury), and (4) interviews with 41 parents of children with special needs who were attending early childhood centres, in the same four regions (Bourke et al., 2002, p. 251).

Results from the Phase One national survey of centres (Bourke et al., 1999) indicated that early childhood educators (who included Playcentre parents) were poorly informed about changes to EI provisions arising from SE2000 and Phase Two data also indicated that significant changes had not occurred in the early childhood sector. Against this background it was decided to gain a more in-depth understanding of parent perceptions during Phase Three.

Individual interviews were conducted with 41 parents of children with special needs attending centres in the educator interview sample (from Auckland, South Auckland, East Coast, Manawatu, Wanganui, Wellington and Canterbury). Educators invited two parents who had children with special needs, from their centre, to participate in a face to face interview and provided an information letter about the study from the researchers. The 41 parents represented children attending 16 kindergartens, 20 education/care centres and 5 playcentres. Their children’s ages ranged from twenty-one months to six years with a mean age of four years.

Teacher fieldworkers from each region, and drawn from the larger study, conducted structured interviews. Fieldworkers received interview skills training from the research team to improve reliability and to emphasise the need for sensitivity to participants. Fieldworker reliability was established through moderated checks (by an independent researcher) in an earlier phase of the research. The interview questions were guided by the Ministry’s specific research questions for the SE2000 contract (See Appendix). Interviews lasted approximately 30 to 45 minutes. The data were coded by the researchers on the basis of empirically-derived key themes within each interview question. Inter-judge reliability was established by the researchers through a consensus procedure that involved cross-checking themes and reaching consensus about discrepant coding.
The size of the interview sample allowed, where appropriate, for some percentage responses to be reported. The themes are illustrated with indicative comments from the participating parents. In view of the EI family-focus philosophy, the findings are considered with regard to this concept in order to examine their theoretical significance.

Results

Parent perceptions of their child’s educational progress

Of the 41 parents, the majority (67%) believed that early intervention had influenced their child's educational progress positively. They described their child's improvement in specific skill areas such as: comprehension; clearer speech; initiating conversation; learning colours; how to count; increased confidence and social skills; appropriate positive behaviour; physical development and mobility. Improved hearing was attributed to children receiving grommets or hearing aids. Feeding was also mentioned by parents of younger children as an area that had improved following intervention. Others mentioned how the use of visual strategies had aided their child's communication. Individual plans (IPs) were praised for identifying specific areas requiring support - although one parent said it would have been better if she had been told the roles of everyone at the IP meeting because she had no understanding of what the Speech Language Therapist (SLT) and Visiting Neurodevelopmental Therapist (VNT) did with her child.

SES was appreciated for the support provided by their specialists, as well as for helping to find appropriate early childhood centres for some young children. Families considered that the one-to-one support provided by ESWs also influenced their child's progress in a positive way, for example, helping children to follow instructions or interact with others. Centres were praised for the way they included children with disabilities.

Some parents described how early intervention had helped them as well as their child, for example, it had taken the pressure off them because they no longer felt that they were making all the decisions alone, and learning life skills at the centre with one-to-one support was more beneficial than trying to fit it in around family life at home. Others appreciated the chance to learn from professionals so that they could also implement the intervention at home.

The 17 percent of parents who gave mixed responses, considered their child to have made educational progress. Some, however, were unsure whether it was as a result of the intervention or the child’s maturation and other parents considered that their child’s educational progress had been aided by some types of intervention, but not by others. For example, although speech language therapy had improved language skills, the limited amount of physiotherapy had made no difference to the child’s physical development, or vice versa. The respondents in this category identified the early intervention provisions that were successful and
the ones that were not. Four percent of the interviewed parents said “perhaps” or “hard to tell”.

The 12 percent of parents who reported that EI services had not influenced their child’s educational progress gave a variety of reasons: for example, the programme that had been implemented into the kindergarten made no change or improvement to one child’s learning or behaviour; SES refused to fund a specific programme endorsed by the Autistic Association which meant another child was not able to continue with the only programme that the parents considered to have worked for him; it took four months for one child to get a walker and another eight months to get a “decent one”, so that child’s progress came to a standstill; and fighting to get any form of support prompted another family to pursue an alternative provider to make things happen.

Parent perceptions of their child’s identification

Parents gave mixed responses to questions regarding the identification process for their child. Fifteen (37%) parents were positive about the timing and quality of the identification procedures. They praised the collaborative and consultative approach of the professionals involved in the identification of their child’s special need, particularly in regard to their clear and informative explanations, as well as their speed in setting up meetings. One parent said, for example,

The Centre said they were concerned and contacted SES. It was well processed at the time. I knew the Centre Manager and was kept well informed. The initial Case Manager was excellent with setting up meetings, keeping appointments, keeping me informed and advised of happenings. She was clear and consultative.

In contrast, the same percentage of parents (37%) were dissatisfied with the identification process. These parents reported being on waiting lists for too long and were provided with little information or support. One parent paid for a private speech language assessment and subsequent therapy because she was not informed that this service could be provided by SES. The respondents in the dissatisfied category usually detailed the time it took for their child to be identified. For example, “[Identification] could have been quicker. The preliminary interview was in July, then there was a lull until February. The problem was finally identified, but it still took six or seven months”.

The 26 percent of parents who gave both “yes and no” responses were usually satisfied with the results of the identification but dissatisfied with the speed and timing of the procedures. Indicative comments are: “I would have appreciated knowing earlier but I suppose they had to be sure - they had to check development [hospital]. I’m happy with the identification as special needs at the childcare. SES have been on to it”; and “Happy once things got rolling. Because it wasn’t ‘labelled’ it made it hard for us to find out who to approach. Being our oldest child, where to start was difficult for us.” Other parents commented on the time it took to set up the intervention; for example, “timing slow - identified at two and a half years, but
not helped until a year later." Another mother said she "had a gut feeling from 16 months but it was misdiagnosed three times by the Doctor. Later at a clinic with three people present, a psychologist, speech-language therapist and a paediatrician, diagnosis was given straight away".

Parent perceptions of their child's outcomes

When describing outcomes, parents, in the main, used the amount of EI as their measure. They also described their satisfaction, or not, with the people providing the early intervention. Almost half of the parents interviewed were satisfied with the amount of early intervention services received by their child. Another 10 percent qualified their satisfaction by stating that it had been a struggle to access services. They also felt that it should have been provided earlier than it was. The 24 percent of parents who were dissatisfied expressed major concerns with the amount of EI services that their child was receiving. While some of these parents strongly voiced their dissatisfaction, others also acknowledged the difficulties of getting the appropriate amount of early intervention for their child. For example, one child was the first in New Zealand to have the condition so the parent understood that "everyone was feeling their way". Some parents were also unhappy that the support had been cut back as the child got older, when they felt there was still a need for the higher level of intervention.

Results showed variation in support in some regions, according to disability. In particular, there were some regions where families of young children with autism seemed particularly dissatisfied. Regional differences were also apparent to families that had moved into a new area. One family resented going back onto a waiting list when they had already been through that process in their previous city. Their child had very high needs and they did not see anyone for weeks and felt isolated with no-one to support them in the present city.

As with responses to the earlier question regarding parents' perceptions of their children's educational progress, 17 percent of families were only partly satisfied with their child's outcomes. Again concerns were raised about the inconsistencies between the various types of support being provided. In other words, while they may have been satisfied with centre-based provisions they may also have been dissatisfied with the amount of physiotherapy that their child was receiving (or vice versa). In such cases, parents were not always aware that health and education funded different services.

Parent perceptions of their child’s transition to school

Parents voiced major concerns about transition that could be attributed to SE2000 policy initiatives. Twenty-six (64%) parents said they had specific concerns about the provision of services for their child when they move on to school. Reasons for their concern were listed as:

- worried that the local school will not want their child,
- unsure of what support is available at school,
- lack of continuity from early childhood to school,
- class size. One teacher to 20 plus children - how will the teacher cope?
- supervision of their child - likely to wander off,
- availability of teacher aide hours,
- child may miss out on ORRS funding [Ongoing Reviewable Resourcing Scheme].
- child’s needs are greater than the support available,
- lack of resources and “man-power”，
- impact of school will have a negative effect on child,
- still waiting for ADHD assessment to see if child requires Ritalin for school, and
- inclusion worries about child not being included and singled out.

In terms of provision, the main concern for parents as their child moves from early childhood into school is about availability of support, and in particular, teacher aide support. Some were concerned about the level of funding and the resources available, for example, losing physiotherapy once children began school. These parents wanted fair assessment to ensure their child’s needs were met.

An emerging theme evolved around parental anxieties that school principals would not accept their children if their funding for school was less than what they received from the EI Initiative. Other parents wanted their children to receive ORRS funding, the perception being that if their children were assessed as having very high needs, they would get the appropriate resourcing.

Some of the ten (24%) parents who stated they had no concerns made qualifications. Typical comments were: they had been reassured by their early intervention teacher; their child was enrolled in a special school; or they had no concerns as long as the support continued. Due to their children’s young age, four (10%) of the respondents said that school was too far ahead to think about now. Although they did worry about how their children would fit into the system they preferred to take a “wait and see” approach until nearer the time that their children would start school.

Another issue about transition to school involved inclusion. Parents worried how their children would fit in socially and whether their children would make any friends. One parent said, “I'm worried she'll be left alone because she bites and hits. Will she be allowed at school without a full-time teacher aide?” In fact three parents raised the question of whether their child would even be allowed to attend school. Another parent intended to keep her child at kindergarten (over-age placement) until she felt he was ready for school. Some of the concerns voiced were that: their children would be humiliated because of their special needs; other children would not be able to understand their speech; their social and academic development would lag behind the other children and hinder successful inclusion.
Teacher attitudes were also listed as a barrier to inclusion but that parents had no option but to trust their children’s teachers. Parents also voiced concerns about class sizes.

Change was another issue. Some parents referred to the change from early childhood to a more formal education structure, and also had worries about how children would cope with various changes within the everyday routines of school life. One parent said that it would be important to make the school aware of what already is working well for their child as well as possible triggers for their child’s behaviour.

Parent perceptions of the health-education interface

Parents were asked if they had any concerns relating to the provision of services through health funding, e.g. equipment, provision of occupational therapy (OT) / physiotherapy (PT). Of 41 parents, 12 (29%) replied “yes”, 14 (34%) answered “no” while 15 parents (37%) gave responses that were coded as “not applicable”. Parents who answered not applicable to this question had children with disabilities which did not require health/medical intervention and therefore were not eligible for health funding. There were a number of different reasons, often specific to the child’s disability, that parents gave for concerns about the health provisions: for example, little or no OT/PT; high caseloads for overworked therapists meant they did not return calls; slow referrals and long waiting lists before accessing support; specialists were often unable to meet children’s specific needs; and concerns about provision of equipment and support. The following quotes reflect the experiences of some families:

Physiotherapy was needed at home from birth. Have had the VNT [Visiting Neurodevelopmental Therapist] from birth, once a fortnight. VNT worked as the physio maybe once a month. Only met OT in the last month. I contacted him. He’s very good, but why has this just happened? ... There are long waiting lists for equipment and I need the OT to point out what equipment I need. Wheelchair - still finding the funding for this.

Until recently we couldn’t get help from an SLT from ----. Health that deals with feeding. Assessed mid-July 2000 for swallowing, but didn’t hear until one month ago (year later) from SLT who specialises in feeding. This was our first contact (visited home and centre once) since the assessment which is a big worry because we have to get him feeding.

Parents who said they had no concerns were generally happy with provision of services, for example, “I’ve received nappies from the District Nurse, subsidy for milk powder and a child disability allowance”. Similar to Guralnick’s (1997) study regarding information and resource needs (in Liberty, 2000), most people qualified their comments with statements such as: “but we don’t know what to ask for”, “we didn’t know about it”, or “haven’t really accessed it yet”.

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This comment underscores the concerns of parents:

I feel as a parent that when children get diagnosed we should start off with an information pack, for example about funding or computers. A lot of ignorance is out there, especially about autism - we are often brushed off and put in the non-urgent pile, so you put in the spadework yourself. I can't work because of my child's situation. There should be something to help parents go on, for example, resources and equipment bought on one income, or to make visuals. There is no help out there.

Implications for Policy and Provision

The study confirms Deiner's (1993) view that partnerships between the helped and the helper are not always equally balanced and that policy alone will not ensure a perfect partnership between parents and professionals. One parent in this study explained:

You need to walk the walk to see the crap that parents have to go through. You plan the future for your child before they are born – then the child has a disability and diagnosis but no help for 3-4 months. You have to put it all on and dramatise the worst aspects to get help. You have to become pushy to get services as well as learn to take knocks and stand up. Not all parents can do this.

While not all parents shared such negative perceptions, nevertheless, intervention services can only be considered effective to the extent that "families become more capable, competent, and empowered as a result of the help-giving acts" (Dunst & Trivette, 1989, p. 99, cited in Allen & Schwartz, 1996, p. 137). The parents' voices in this study demonstrate how the parent-professional relationship can be intensified by the special vulnerabilities experienced by parents of children with diverse needs, as well as being influenced by the assumptions made by both the parents and professionals about each other. This can be compounded when the culture of families and professionals differ. The few parents who identified themselves as Maori or Pacific Nations in the interviews considered that they were receiving culturally appropriate services, although not bilingual services; for example, "They got on to it because he is part Maori". Two also said that knowledge of their child's disability mattered to them more than cultural appropriateness. One parent explained: "The initial person was a Maori worker. She came to see us. I want him to not lose that part of him. But I decided to send him to the university crèche and not Kohanga". Thus it seems likely that this parent prioritised the early childhood teachers' special education knowledge over the Kohanga teachers' knowledge of Maori language.

The complexity of service provision is illustrated by the parent responses which suggested that professionals working with their child sometimes influenced the families' degree of satisfaction. In other words although the parents were unhappy with the amount of service provision, they were happy with the people providing
the service. Conversely, when parents were not satisfied with their child's specialists, this possibly coloured their perception of the amount of service being provided. One parent said that she was "generally but not always" satisfied with the amount of intervention but she "did not appreciate the attitude of the paediatrician in the early stages, the neurologist did not want to consider that [her] son was autistic; and SES were not supportive of what was happening at the Neurodevelopment Centre".

Parents' concerns about transition to school highlight a disturbing trend towards a deficit model in funding policies and school practice when compared to the inclusive ecological philosophy and practice of early intervention. This deficit orientation is not only inconsistent with early intervention and early childhood philosophies and encourages negative attitudes towards inclusion, but also has been associated with a return to "labelling" of disabilities in an attempt to access funding (Bourke et al., 2002). The level of resourcing in the early childhood sector is higher than in the school setting, therefore some children whose needs were prioritised according to the national moderation system did not necessarily qualify for the high needs funding (ORRS) within the school setting. Parents reported on the stress experienced by their families as a result of these policy initiatives; particularly in relation to the way that the Ongoing Reviewable Resourcing Scheme (ORRS) and the Special Education Grant (SEG), have been interpreted by schools.

The concerns voiced by the parents in this study are similar to those reported by Carruthers (2001) in Australia who warns this may be a time that the grief cycle resurfaces, because the issues involved with transitioning to school remind parents of their child's difference. Similarly the parent data suggest the ORRS process in New Zealand does not reduce parents' fears for their children as they transition to school.

The gaps identified in health provisions also impact on philosophy and practices and exacerbate parents' anxieties. Parents' comments indicated they were confused about both the roles of health and education professionals, and the source of funding. Similar confusion was noted in Cullen and Bevan-Brown's (1999) study, prior to the implementation of SE2000 policies. The continuing anxieties expressed by parents confirms Doyle's (1997) view that gaps in provisions can be regarded as threats to the principles that underpin effective early intervention.

Further, early intervention providers in Phase Three of the wider project indicated that special education policy changes may have created a competitive climate between some health and education providers (Bourke et al., 2002). Competition can impact on families caught between the two providers because parents are often forced to make choices between competing options, neither of which fully meet the needs of their child (Bailey, McWilliam, Buysse, & Wesley, 1998). Such disjunctions between health and education services place the transdisciplinary philosophy of early intervention at risk.
Conclusion

So, do parents feel that they have been included in “getting the SE2000 policy right together” for young children with special needs? The majority of parents interviewed reported that their children’s educational progress had benefited from early intervention, although issues were raised regarding gaps and delays in some provisions, from health and education services. Within the early childhood initiative of the special education resourcing policy, there still appear to be both winners and losers. The parents have highlighted both strengths and limitations of the present provisions and have raised general issues for early intervention services. For example, many parents interviewed were still unaware of some of the resourcing changes, with some reporting long delays or late discovery of resources available. Parents reported that the match between expectation and reality, with regard to resourcing was not good. It is possible, however, that resourcing issues are compounded by the raised expectations of parents and providers that have accompanied the SE2000 inclusive policy (Wylie, 2000). Nevertheless the reported gaps in provisions could be interpreted as a significant threat to the family-focus philosophy that underpins early intervention. Achieving quality family-focused service remains a challenge and unfortunately young children with special educational needs do not have the luxury of time to wait until parent-professional partnerships get it right together.

The good news is that there is a verbal commitment by all stakeholders to work together to make the policy work. For parents though, “getting it right together” means that early intervention professionals must “walk the talk” with them. Gunn (2002) states that creating communities to belong to is an ever evolving and negotiated process in early childhood education. Whatever the future of early intervention services, there is obviously a need to keep the commitment to families and transdisciplinary philosophies of providers at the forefront of policy and practice. A strong family focus should underpin all provisions for young children with special needs (Bourke et al., 2002).

References


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ABOUT THE AUTHORS
Janis Carroll-Lind is a senior lecturer in inclusive education at Massey University College of Education. She teaches in both pre-service and in-service teacher education for early childhood, primary and secondary programmes. Her current research interests include projects involving: children’s experiences of violence and bullying; special education policy and provisions; effective practices for children with Autistic Spectrum Disorder; school-based action research to improve whole school practices for students with behaviour difficulties; and a national stock-take of identification and provisions for gifted and talented students in New Zealand schools.

Joy Cullen is Professor of Early Years Education at Massey University College of Education. She has directed a Ministry of Education contract to provide an independent evaluation of a survey of early intervention services and more recently co-ordinated the early childhood strand of the SE2000 monitoring and evaluation contract at Massey University. Currently she is involved with collaborative work with early intervention teams to investigate the use of learning stories for assessing young children with additional learning needs.

APPENDIX

Interview Questions
1. Were you satisfied with the timing and quality of the identification procedures your child received?
2. Are you satisfied with the amount of EI services your child has received?
3. Has the EI services your child has received influenced his/her educational progress? In what ways?
4. Do you have any specific concerns about the provision of services for your child when he/she moves to school?
5. What issues emerge for service provision as children move from early childhood into school?
6. Have you any concerns relating to the provision of services through health authority funding? (e.g. equipment, provision of OT/PT). Please identify.
7. Are the services your child receives sensitive to his/her culture?
8. Are there any other points you would like to raise about Special Education 2000?